Contributions of Free Clinics to Public Health

FREE CLINICS (which began in 1967), were started largely because the health care system was not providing adequate medical care to certain population groups: primarily young people, minority groups, poor people and students. The term free clinic does not refer solely to facilities which provide free care. A free medical or dental clinic is generally independent of the regular health agencies, often operates with some volunteer staff and offers services without red tape or eligibility tests. Most free clinics encourage consumer participation and many were started directly by consumers who did not have access to health care.

The main types of free clinics can be classified as *neighborhood* (many started by blacks, Chicanos, Asians, Indians or poor whites), *street* (originally concentrating on drug-related illnesses), *youth,* (primarily offering venereal disease and hepatitis care and counseling), and *women's* clinics (providing health education, preventive care, family planning help and treatment for gynecological problems).

Free clinics have blazed a trail in several areas: notably care for venereal disease, hepatitis, drug abuse, family planning, health education and problem counseling. The Los Angeles County Health Department's youth clinics were modeled after local free clinics when it became apparent that young people were flocking to free clinics while largely ignoring the established health department clinics which were offering similar services.

The major contribution of free clinics is the demonstration that community people can take the initiative in meeting some of their health care needs through organizing their own facilities. Clinics started by ethnic minorities have provided acute, prenatal and well-child care to entire families in a dignified and compassionate manner. The massive epidemic of venereal disease and drug-related illnesses of the past few years indicates that established public health agencies and private physicians could not cope with these problems alone. Free clinics took major responsibility for these illnesses and, being "free," could assume the lead in meeting other health care needs, such as dispensing family planning materials, detecting lead poisoning, testing for sickle cell anemia and providing care to disadvantaged people in their own neighborhoods.

In health education, free clinics have developed new ways of counseling and educating the public about drug abuse. Some free clinics have comprehensive drug clinic care, rarely available elsewhere in the community. Another free clinic contribution is the training and use of para-professionals to successfully provide health services. The activism of medical students, nursing students and recent medical graduates; the changing attitudes of public health agencies and medical schools and the availability of revenue sharing has brought free clinics into cooperative relationships with health departments, hospitals and medical schools. Free clinics have earned a place in the health care system. Their survival will depend on the willingness of other health care institutions to accept them and to make a place for them in the development of any national health program.

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REFERENCES

Smith D: Runaways and their health problems in Haight-Ashbury during the summer of 1967. Am J Public Health 59:2046-2050, Nov 1969

Schwartz JL: First national survey of free clinics. HSMHA Health Reports 86, 9:775-787, Sep 1971

Smith DE, Bentel DJ, Schwartz JL: The Free Clinic: A Community Approach to Health Care and Drug Abuse. Beloit, Wisc, STASH Press, 1972

Stoeckle JD, Anderson WH, Brenner J: The free medical clinics. JAMA 219:603-605, Jan 31, 1972

Environmental Asbestosis as a Risk Factor

INHALATION OF ASBESTOS produces five important reactions.

1. Asbestos (or ferruginous) bodies in sputum or tissues represent secretion of material on asbestos *fibers* to, presumably, reduce their irritancy.

2. This is of no known clinical importance. With long continued exposure, asbestosis of the lung—a form of pneumoconiosis—is produced, with clinical manifestations similar to other pulmonary fibroses.

3. Among cigarette-smoking workers with 20 or more years of exposure, an exceptionally high rate of bronchogenic-cancer develops. This rate is roughly ten times that of age- and sex-matched groups of smokers.

4. Among such groups there is a several-fold excess of gastro-intestinal cancer.

5. Malignant mesothelioma of pleura and of peritoneum in about three-fourths of the cases is associated with asbestos exposure.

Cigarette smoking doesn't appear to play a role.

A substantial portion of the recorded cases is made up of wives of asbestos workers or residents living near industries that use asbestos. This suggests that a very fine particle with a long path may be involved. This could be the ultra-microscopic fibril that is detectable by electron microscopy.

With a clear record of potential harm, asbestos must be used more carefully than in the past. It is widely used in roofing, insulation, pipes and filters. It also is used in motor vehicle brake lining. It is naturally present in drinking water from reservoirs and wells in serpentine rock formations. Water transported in asbestos cement pipe may pick up asbestos. Some types of talc contain asbestos. Careful evaluation of new developments and processes involving asbestos or serpentine is indicated to avoid unnecessary exposure to this material.

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REFERENCES

McDonald JC, Becklake MR, Gibbs GW, et al: The health of chrysotile asbestos mine and mill workers of Quebec. Arch Environ Health 28:61-71, Feb 1974

Selikoff IJ, Hammond EC, Churg J: Asbestos exposure, smoking, and neoplasia. JAMA 204:106-112, Jan 1968

Wagner JC, Gilson JC, Berry G, et al: Epidemiology of asbestos cancers. Br Med Bull 27:71-76, Jan 1971

Pooley FD; Asbestos bodies, their formation, composition, and character. Environ Res 5:363-379, Dec 1972

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